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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. <b>514862000700</b>																								
		First Inventor <b>Pontus von BAHR</b>																								
		Title <b>APPARATUS AND METHOD FOR DIAGNOSTIC GAS ANALYSIS</b>																								
		Express Mail Label No. <b>EL 990 374 768 US</b>																								
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>MS Patent Application</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>																								
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (e.g., PTO/SB/17) - 1 pg IN DUPL</b> <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																								
2. <input checked="" type="checkbox"/> <b>Applicant claims small entity status.</b> <i>See 37 CFR 1.27.</i>		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>																								
3. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <b>28</b> ] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. <b>Specification Sequence Listing on:</b> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies																								
4. <input checked="" type="checkbox"/> <b>Drawing(s) (35 U.S.C. 113)</b> [Total Sheets <b>1</b> ] 5. <b>Oath or Declaration "UNSIGNED"</b> [Total Sheets <b>2</b> ]		<b>ACCOMPANYING APPLICATIONS PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input checked="" type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449 - 4 pgs</b> <input type="checkbox"/> 1 Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503)</b> (Should be specifically itemized)</li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. <input type="checkbox"/> Other: _____</li> </ul>																								
6. <input checked="" type="checkbox"/> <b>Application Data Sheet. See 37 CFR 1.76 - 3 pgs</b> 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ <i>Prior application information: Examiner _____ Art Unit: _____</i> <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																										
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number: <b>20872</b> OR <input type="checkbox"/> Correspondence address below <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td><b>MICHAEL R. WARD</b></td> <td>Registration No. (Attorney/Agent)</td> <td><b>38,651</b></td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Michael R. Ward</i></td> <td>Date <b>September 16, 2003</b></td> </tr> </table>			Name				Address				City	State	Zip Code		Country	Telephone	Fax		Name (Print/Type)	<b>MICHAEL R. WARD</b>	Registration No. (Attorney/Agent)	<b>38,651</b>	Signature	<i>Michael R. Ward</i>		Date <b>September 16, 2003</b>
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. **EL 990 374 768 US**, in an envelope addressed to: **MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on the date shown below.

Dated: **September 16, 2003**

Signature: \_\_\_\_\_

(LILIA OLSEN)

 1535 U.S. PTO  
 10/664225  
  
 09/16/03
**EL 990 374 768 US**

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>		<i>Patent fees are subject to annual revision.</i>																																																																																																																																																						
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Deposit Account Number 03-1952  Deposit Account Name Morrison & Foerster LLP  The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="2" style="text-align: center;">Fee Description</th> <th rowspan="2" style="text-align: center;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> 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